

**FSADirect QUALIFIED TRANSPORTATION EXPENSE
REIMBURSEMENT FORM**

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

GENERAL INFORMATION

Group: Plan ID:

Partic. ID# If this is a new address check here

Name Last First

Address

City State Zip -

Phone () - - E-Mail

Important: You must attach documentation indicating the amount and dates of the incurred expense as well as what type of transportation expense was incurred.

**Fax the completed form to 800-726-9982 or 704-335-0818 in the Charlotte area.
Or mail the completed form to: Claims Processing• P.O. Box 31397• Charlotte, NC 28231-1397**

Claim Submission Deadline:

You have until the above day after the end of the plan year to submit claims for the previous

REIMBURSEMENT REQUEST DETAIL

Please complete one section for each included receipt and total at the bottom. Use additional forms as needed.

Service Date From: Service Date To: Type of Expense
 Parking Transit Pass Van Pooling Bicycle Cost

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Service Date From: Service Date To: Type of Expense
 Parking Transit Pass Van Pooling Bicycle Cost

Total

REIMBURSEMENT AUTHORIZATION

I Understand that transportation expenses reimbursed under this plan can not be claimed as a deduction on my personal income tax return. I also understand that it is my obligation to determine whether the amount deducted from my pay is excludable from my gross income and to notify the group if I have reason to believe any such payment is not so excludable. I agree to hold the group and Flores & Associates, LLC harmless from any and all liability and costs which either or both may incur as a result of, or in connection with, the provisions of transportation or parking service to me or on my behalf by any transportation or parking service provider.

Participant Signature (Void if not signed)

Date Signed